

Vaccine Administration Record for Children and Teens

Patient Name: _____

Date of Birth: _____

Nevada Immunization Coalition 775-770-6703

Clinic Name/Address

Vaccine	Date Vaccine ¹ & Vaccine Information Statement Given	Type of Vaccine	Date on Vaccine Information Statement (VIS)	Vaccine Manf.	Vaccine Lot Number	Site Given ²	Route ³	Signature of Vaccine Administrator	Client VFC ⁴ Status
Diphtheria, Tetanus, Pertussis Types are: DTaP DTaP-Hib DTaP-HepB-IPV Td									
Haemophilus influenzae type b Types are: Hib Hib-HepB DTaP-Hib									
Hepatitis B Types are: HepB Hib-HepB DTaP-HepB-IPV									
Polio Types are: IPV DTaP-HepB-IPV									
Measles, Mumps, Rubella Type is: MMR									
Varicella Type is: Var									
Pneumococcal conjugate Type is: PCV7									
Influenza Types are: TIV (Injectable) LAIV (Nasal)									
Other									
Other									
Other									
Other									

¹ Place an asterisk (*) next to the date the vaccine was given to indicate vaccines administered elsewhere.

² Site Code: LA=LT ARM, RA=RT ARM, LL=LT LEG, RL=RT LEG, and Nasal

³ Route Code: IM= intramuscular, SC=subcutaneous, and intranasal

⁴ Client Status: M=Medicaid, U=Uninsured, D=Underinsured, P=Private Insurance

NOTES:<http://www.immunizenevada.org>

Northern Nevada Immunization Dir 775-770-6703

Statewide Project Coordinator 775-7706713

Southern Nevada Immunization Dir. 702-933-7329

I have been given a copy and have read, or have had explained to me, the information contained on the appropriate Vaccine Information Statement (VIS) about the disease(s) and the vaccine(s) which are to be administered today. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the specific vaccine(s) and I ask that the vaccine(s) I have requested be given to me, or to the person named above for whom I have authorized to make this request, and I ask that the administration of the vaccine(s) be recorded on this form and in the MCIR.

1. SIGNATURE	DATE	6. SIGNATURE	DATE
2. SIGNATURE	DATE	7. SIGNATURE	DATE
3. SIGNATURE	DATE	8. SIGNATURE	DATE
4. SIGNATURE	DATE	9. SIGNATURE	DATE
5. SIGNATURE	DATE	10. SIGNATURE	DATE

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